HEALTH COMMITTEE
of the
Suffolk County Legislature

Minutes

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on **March 8, 2001**, at 10:00 A.M.

Members Present:
Legislator Ginny Fields - Chairperson
Legislator Brian Foley - Vice-Chair
Legislator Maxine Postal

Members Not Present:
Legislator Martin Haley

Also in Attendance:
Paul Sabatino - Counsel to the Legislature
Mary Skiber - Aide to Legislator Fisher
Fred Pollert - Director/Budget Review Office
Kim Brandeau - Budget Analyst/Budget Review Office
Mary Howe - Senior Budget Analyst/Budget Review Office
Ellen Martin - Aide to Presiding Officer Tonna
Chris Reimann - Aide to Presiding Officer Tonna
Bonnie L. Godsman - County Executive's Office/IR
Dr. Clare Bradley - Commissioner/Department of Health Services
Robert Maimoni - Head of Administration/Dept of Health Services
Tom MacGilvray - Director-Division of Community Mental Hygiene/DHS
Irene Thurmann - Acting Dep Director-Div of Comm. Mental Hygiene/DHS
Ron McIsaack - Division of Community Mental Hygiene/DHS
Dr. Frank Seigal - Clinical Psychologist/Div of Comm. Mental Hygiene
Alberta Powell - Case Management Assessment Unit/DHS
Laura Cassell - Executive Director/Catholic Charities
Paul Engelhart - Chief Program Officer/Catholic Charities
Denis Demers - Catholic Charities
Kate Bishop - Catholic Charities
Sister Brigid Penney - Catholic Charities
F.J. McCarthy - Catholic Charities
Rev. David Nelson - Catholic Charities
Brian Nichols - Catholic Charities
Peg M. Orowitz - Catholic Charities
Edwin Kennedy - Catholic Charities
Anita Fleishman - Executive Director/Pederson-Krag Center
Dr. Davis Pollack - Suffolk County Mental Health
Joan Niles - Suffolk County Mental Health
Michael Stoltz - Executive Director/Clubhouse of Suffolk
Frances L. Brisbane, Ph.D. - School of Social Welfare/SUNY
Bridget Baio - Sayville Project/School of Social Welfare-SUNY
George Rannazzi - School of Social Welfare/SUNY
Barbara Faron - FEGS/Executive Director
Edward W. Brown - FEGS/Long Island Division
Eugene O'Brien - FEGS/Long Island Division
Maria D. Romero - FEGS/Central Islip
Mary McClave - FEGS/Amityville
Lucy Caruso - FEGS
Michael LaBua - FEGS
Marilyn Shellabarger - Health Center Liaison Committee

Elsie Owens - Elsie Owens Coram Health Center
Angela Earl - Board Member/Elsie Owens Coram Health Center
Wayne Jones - Elsie Owens Coram Health Center
Mariann Mendes - Elsie Owens Coram Health Center
George Boykin - Elsie Owens Coram Health Center
Joyce Cunningham - Elsie Owens Coram Health Center
Jessie Cunningham - Elsie Owens Coram Health Center
Patricia Hickmon - Elsie Owens Coram Health Center
Glorie Gamoroi - Elsie Owens Coram Health Center
Nina Tooker - Tri-Community Health Center
Jan Jamroz - St. Mary's Parish Outreach
Robert Vanson - AARP
Valerie Burgher - Newsday
All Other Interested Parties

Minutes Taken By:
Alison Mahoney - Court Stenographer

(*The meeting was called to order at 10:07 A.M.*)

CHAIRPERSON FIELDS:
Good morning. We're going to begin the meeting with Legislator Foley leading us in the Pledge of Allegiance.

Salutation

We have a lot of cards so we're going to start right in, and I think we'll give you three minutes because it's going to take quite a while to get through the pack. Laura Cassell from Catholic Charities.

MS. CASSELL:
Ginny, we were hoping to respond if necessary to the County's presentation.

CHAIRPERSON FIELDS:
Okay, so you want me to call you back. Denis Demers? Tell me if --

MR. DEMERS:
I'll wait.

CHAIRPERSON FIELDS:
Kate Bishop?

MS. BISHOP:
Right, Catholic Charities.

CHAIRPERSON FIELDS:
Part of that? Sister Brigid, Brian Nichols?
MR. NICHOLS:
Part of Catholic Charities.

CHAIRPERSON FIELDS:
Part of it? Peg, is it -- I should use my glasses, Peg Orowitz? Okay. Frances Brisbane; is Frances Brisbane here? Why don't you come on up.

MS. BRISBANE:
Good morning. I'm Frances Brisbane, Dean of the School of Social Welfare, State University of New York at Stony Brook, and I'm here on behalf of the Sayville Project. Tom MacGilvray, the Director of the Suffolk County Division of Community Mental Health Hygiene held a

meeting on September 21st,200, for all the providers of case management services at Suffolk County. We discussed the additional money coming down to Suffolk County from the State Office of Mental Health for the expansion of case management services. The County discussed their thoughts on the expansion of services and asked for our input. I feel strongly that we were all able to contribute to working out an equitable, amicable service delivery plan.

The plan calls for more equitable distribution of the existing and new case management slots to the case management providers. We currently have five of the 57 case management slots in Suffolk County. The new plan calls for us to receive additional five slots, a small percentage of the 28 new slots proposed. In the old plan, one agency, not us, held almost 60% of the case management slots in the system. Based upon our track record of providing quality services and our ability to work collaboratively with our host community, the County would have no reason to exclude us from the new plan. The new plan would assist us in the following ways. We would provide our services in a more cost effective manner. Our administrative costs would be spread out over ten slots as opposed to the five we now have.

An expansion of our services -- number two, an expansion of our services to the Patchogue community would support the work that the Sayville Project has done for the last 25 years. It would maintain our mission to provide services to both the individual and the community. The Patchogue community is contiguous to our current catchment area and similar in make-up to the Sayville area. Back when we started, Sayville was an impacted community. Large numbers of deinstitutionalized mental patients were moving into the area and for-profit adult homes and single room occupancy dwellings were popping up all over the community. The Sayville Project was instrumental in organizing the needs of the community and the needs of the former institutionalized mental patients. We have considerable experience in working with community groups, businesses, religious organizations and local governments. In addition, we have been instrumental over the years in making substantive system changes that have aided the entire mental health community.

Three, and finally, the addition of these new slots will change the delivery of services. As social service workers, we will use our experience, knowledge, compassion to minimize the disruption and loss that might be experienced by our new clients in this process; we are good at doing this. We believe that our exemplary services of 25 years merit us the five additional case management slots that the County proposes to allocate to us. Thank you very much for your time and your interest.

CHAIRPERSON FIELDS:
Thank you. Eugene O'Brien?

MR. O'BRIEN:
Good morning. I'm a Project Assistant with FEGS, Long Island Division, and I'm also on the Executive Board of the New York State Association of Psychiatric Rehabilitation Services. I'm a professional advocate with FEGS and I'm also a person with a recovery history who has utilized services in Suffolk County, services that were created by Suffolk County Division of Mental Hygiene. I also sit and co-chair or chair various subcommittee for the Mental Health Subcommittee in Suffolk County.

The County had a reputation for involving consumers and family members in planning, program development and service delivery, and I know that personally from being chairs on various committees where I have had input directly with the Suffolk County Division of Mental Hygiene. They have been very open to ideas, very receptive to new ides, and Tom himself has always had an open door policy where we could call him, talk to him and be listened to. He's taken some initiatives on behalf of consumers, on behalf of programs that were very beneficial to myself personally.

The Division of Mental Hygiene strongly advocates for State and local providers to be more client driven and consumer friendly. Mr. MacGilvray is probably one of the most open Mental Hygiene Directors in the State, and that comes from my experience on the Executive Board in {NYPRIS} which is grassroots advocacy organization that is involved in all counties throughout the State. And I can honestly say that the Suffolk County Division of Mental Hygiene has been very creative, very intuitive as to setting up programs that would benefit clients, because I am a client. I am an individual who is bipolar who uses services, but I'm also a professional person who sits on various committees and has input as to some of the processes that occur in Suffolk County. Thank you.

LEG. FOLEY:
Thank you.

CHAIRPERSON FIELDS:
Thank you very much. Edward Brown?

UNKNOWN AUDIENCE MEMBER:
He went out of the room to make a call.

CHAIRPERSON FIELDS:
Maria Romero?

MS. ROMERO:
Good morning. My name is Maria Romero and I am --

CHAIRPERSON FIELDS:
You have to get real close to the microphone. In fact, you can even hold it in your hand as I am, it might help.

MS. ROMERO:
Okay. My name is Maria Romero, I am a Hispanic Latino woman. I am also a clinic manager for FEGS in Central Islip and we provide bilingual mental health. And I just want to make a statement about the support and the involvement of the County in making this services to be there for the bilingual people that speak Spanish.

We are a facility that has grown tremendously and I would like to see more -- to continue this support from the County to see the services there in provide more. We are probably at this point one of the clinics that do provide the services and I would like to see a little bit more, but I know that the County has been instrumental in involving the community, especially in supporting the services. Thank you.

CHAIRPERSON FIELDS:
Thank you. Bridget Baio?

MS. BAIO:
Good morning. Hi, my name is Bridget Baio and I am the Co-Director of the Sayville Project from the School of Social Welfare, SUNY at Stony Brook. And I'm here today in support of the County Mental Hygiene's plan for case management initiative money from the New York State Office of Mental Health.

I have been affiliated with the Sayville Project for 17 of the 25 years that it's been providing service to persons with mental health disabilties in the greater Sayville communities. Twenty-five years ago the State was in the midst of its policy on deinstitutionalization. Because of its makeup, namely for-profit housing possibilities available in our community, Sayville saw an influx of former institutionalized persons move in to their area. At that time, the State provided no funds for community after care services and communities were negatively impacted by this issue. Local Legislators, namely Assemblyperson Paul Harenberg, approached the school for assistance. We were successful in organizing the community around the needs of these former institutionalized persons, and in the process created a model service delivery program which laid the foundation for community support services in New York State.

Our services have been lauded by our local community and by many individuals in the State and the County Legislature for its innovation and its integration of community and individual needs. We have been instrumental in contributing to many substantive changes in the system that has positively affected the entire mental health community. In addition, we have the distinction of being one of the first and only providers to successfully organize our local community to welcome and support the needs of the mentally ill. The not in my backyard statement is not uttered in Sayville. Our clients are welcomed as active and contributing members of their community and Sayville has and will continue to fight hard for our presence.

For those reasons, we'd like the opportunity to grow our program and to provide community model of service delivery to more individuals. Currently the Sayville Project, as our Dean has indicated, has five of the 57 slots in Suffolk County. The new County plan would grant us an additional five slots of the 28 proposed, that would mean two Intensive Case Managers and three Supportive Case Managers. For those additional slots, we are asked to assume responsibility for the Patchogue, Bohemia and Holbrook communities. Taking on these additional communities would allow us to provide services in communities contiguous to our current community and those similar in nature and need to Sayville that we now serve. Bohemia has long been connected to the greater Sayville community, and Patchogue has similar needs to the challenges that we faced over 25 nears ago in Sayville.

We would welcome the opportunity to bring together members of our new community as well as community, business, civic, religious and governmental organizations to support the needs of our new clientele. I hope that you will support the County Mental Health Department's plan for the new case management initiatives. And I thank you for your time.

CHAIRPERSON FIELDS:
Thank you. Edwin Kennedy.

MR. KENNEDY:
I'm with Catholic Charities.

CHAIRPERSON FIELDS:
Barbara Faron?

MS. FARON:
I would like to bring up Lucy Caruso and Michael LaBua, okay?

CHAIRPERSON FIELDS:
Lucy Caruso and Michael LaBua, okay. Just state your name and your affiliation for the stenographer, please.

MS. FARON:
Good morning. My name is Barbara Faron, I'm Executive Director of Federation of Organizations and I'm here to support the Suffolk county Division of Mental Hygiene's plan for the reorganization of the delivery of case management services in Suffolk County.

As I understand it, the division's plan seeks to rationalize the system and to apply the latest developments in community treatment to the delivery of case management services for people recovering from mental illness. Treatment breakthroughs, including new medications, have made recovery from mental illness a reality. We are no longer looking at lifetime disability and dependency. While there are many people who need ongoing care and treatment, the goals and focus of interventions have changed. With appropriate supports, individuals recovering from mental illness can become active participants in community life and look forward to the same achievements as any other citizens. Federation of Organizations has been serving Suffolk County since 1977. Although you probably know us best through our Foster Grandparent Program, we have been serving Suffolk County with mental health programs since 1981. Today we provide community-based mental health services for over 2,500 people per month. Our services include housing, crisis intervention, linkage to services, advocacy, outreach, homeless services, food pantry, education, vocational assessment, job training, employment, respite, transportation and financial management. In short, we provide the kinds of services people recovering from mental illness need to stabilize their recovery and to achieve their goals of community integration.

Although we are not specifically funded for supported case management, we provide case management services to residents of our housing programs that has 115 beds in Suffolk County. We also provide case management as needed for all our program participants and link them to supported case management provided by other agencies. We are an experienced mental health provider fully qualified to fulfill our part in the division's plan for case management. We have been working in Islip since 1981 and we would have no problems with any kind of transition; many of the clients that are now served by other agencies are known to us and receive our services too.

Federation practices what we preach. I have with me today two of the 40 people in recovery now employed by Federation. Lucy Caruso and Michael LaBua are now full-time employs of Federation. They came to us originally as recipients of services. With support from us, they're now in recovery from mental illness, self-supporting and lead fulfilling lives. They draw on their experience in living with mental illness to inspire the individuals they serve. Lucy is a Field Supervisor in our Outreach Program and Mike is a Supervisor in our Advocacy Program. Their lives are an expression of the latest achievements in treatment and rehabilitation. I will let them speak for themselves. Thank you.

MS. CARUSO:
The support I have received at the Federation has been invaluable and a major contribution to my recovery in these last few years. I have been treated for major depression and sometimes debilitating anxiety since 1980. In addition, a number of years ago I left a very bad marriage and moved my daughter and myself from Florida to New York. We traded our spacious home for a cramped, basement apartment of a friend, and when I was just beginning to adjust to my surroundings I found out that I had breast cancer; I felt like a sinking ship, I fell apart.

I couldn't get out of bed and confided to my doctor that I was afraid that I would be hospitalized. I couldn't function and had terrible mood swings. They sent me for an intensive outpatient treatment and I started to feel more stable emotionally. But it was only when I went to the Federation that I felt hopeful about the future or that I even had a future and things began to fall into place. They welcomed me with open arms. They provided me with a great deal of peer support and the staff was always there to help me when I was feeling low. I began to work part-time in their Companion Program and started to redefine myself as a contributing member of society. As my sense of self healed, they encouraged me to try new things and I went to school and obtained my New York State Certificate in Case Management from the State University at Stony Brook.

As the staff saw my desire to return to a normal life, they encouraged me to grow by hiring me as a Peer Specialist and then as a Field Supervisor for the very same Companion Program that helped me when I first needed help. The Federation Case Management staff provided me with concrete solutions to real life problems. Not only did they find me a new apartment, this one was above ground and had windows; they furnished it, too. They didn't just give me a bed, pots, pans and a light, the case management support staff helped me to light the way for me. To this very day, their constant support and encouragement helps me to keep me on my feet and going strong. There is always someone to go to to discuss my concerns with and to help me map out a plan of action.

Today my daughter is in college and I am well on my way to recovery, both physically and emotionally. Because of the supports and encouragement provided to me by the Federation Case Management staff, I am not starting another chapter in my life, I am now writing a whole new book. Thank you.

LEG. FOLEY:
Thank you.

CHAIRPERSON FIELDS:
Thank you, Lucy.

MR. LA BUA:
Yes, my name is Michael LaBua, I'm an Evening Supervisor for Federation of Organizations and a full-time advocate.

I could be your next door neighbor, your friend or maybe even you. I had a wife, two children, house in the suburbs and was successfully self-employed. I thought all was well, that is until things began to fall apart. My daughter left for college and I thought my wife and I were just suffering from the emptiness nest syndrome, but it was more

than that. My marriage was suddenly over. One day my wife said she was taking our son and moving out of our home, it was devastating. I tried hard to concentrate, to keep my appointments with my customers, but little by little life's normal activities slipped away from me and I fell into a terrible depression that would dominate my life for the next one and a half years. I couldn't work, I became alienated from my children and I feared losing my home.

Forced by the company that held my disability insurance, I sought therapy; my only outing, other than food shopping, but I spent most of my time withdrawn from the world that hurt and disappointed me. When I was forced to make a decision to apply for permanent social security disability or find a job, I decided to try and work. Returning to work was a terrifying undertaking. I managed to hold my first job for almost 30 days before my anxiety and depression became overwhelming again. Someone suggested that I go to a program called VESED, and I did. My counselor at VESED directed my to a job at a place called Federation of Organizations. I made an appointment for an interview and they hired to work in their advocacy program. I remember my first day sitting in a peer support group and being asked if I was a consumer, I didn't even know what that term meant. It was in this group that I also heard the word recovery for the first time. As I looked around the group, this program, this agency, I saw others like myself who had worked hard to turn their lives around, who had jobs, who had friends, who could laugh again and knew I could do this, too.

I felt welcome, I felt that the staff understood my struggles and gave me the support and encouragement that I needed. They offered me the opportunity to try to make mistakes without fear of judgment and to eventually succeed again. I was running out of savings and needed a place to live. When I spoke to a case management staff member about my problem, they suggested that I apply for their Supported Housing Program; what a God-send. The case management staff provided me with financial support to afford an appointment. They also helped me deal with the very difficult transition of moving out of my home, a home that once belonged to my parents, where I've seen my kids grow up and the only place where I once felt safe.

When I look back, now I know this was a good change in my life. But without their help, I don't think I would have been able to make this very difficult transition. Federation and the case management staff have helped me to put my life back together and I am well along the road to recovery. As an advocate in the mental health system, I work alongside 40 of my peers who are themselves in recovery from mental illness. At Federation we work together to provide all those we serve in the community with what I have been given at the Federation, dignity, self-worth, a feeling of belonging and hope for the future. Thank you.

CHAIRPERSON FIELDS:
Thank you very much. Edward Brown?

MR. BROWN:
Good morning. I am Ed Brown, I'm a professional social worker with FEGS Long Island Division and Director of the Life Program which is a consumer run program, it provides a wide range of advocacy and case management services in Suffolk County.

I was pleased to be asked to speak about my experience of the process. In Suffolk county as an advocate for over 25 years in this field, I

feel that this department has supported the expansion of quality services, the involvement of consumers at every level of planning, created functional partnerships between providers, family members, consumers and people in recovery. I have a program which started with three people and after eight years has now expanded to 30, four full-time staff and 30 part-time advocates who are all in recovery.

I think there's been increased opportunity for participation for allowing a wider group of people to become the architect of services in Suffolk County, and we've got a growing number of planning committees. The regional SACs, Service Area Councils, we have the County-wide SAC, we have a DSS Subcommittee, a Managed Care Subcommittee, a Forensic Subcommittee. And just in this past year, FEGS has been involved in developing a new set of case management services for forensic clientele in Suffolk County. I found the process to be inclusive, found it to be exciting. The infusion of new monies has been a good thing. And I find that there's been a real attempt to create more equality between consumers, providers and family members and I think it's been a real positive effect on the service delivery and the types of services that we have. Thank you.

CHAIRPERSON FIELDS:
Thank you. Elsie Owens?

MS. OWENS:
Good morning. My name is Elsie Owens and I brought one of my board members with me. First of all, let me thank you all for thinking of the health of the clients and also the people who work there. But we're here today to ask you, to ask this committee to please think about not closing the health center for one day, the people need their services. If that lease is signed we don't know where we are going, we don't have a place to go and we are hoping that you will keep that into consideration.

We know that the landlord is not a good person, we have had problems with him in the past. We have talked about this and we are hoping that something happened so that the health center would not be closed. There's too many people out there who need that health care and we don't want them to go back to the emergency room to get their health needs taken care of. It's been over 20 years that we have been there and we would like to continue that service to the people of the community. Thank you.

CHAIRPERSON FIELDS:
Do you want to speak also?

MS. EARL:
Hello. My name is Angela Earl and I'm on the board and we would just like to say that we wouldn't like to see the center closed because the people would -- they're finding it difficult to get there, could you imagine if they had to go even further to get good health care. So, that's all. Please don't close the center.

CHAIRPERSON FIELDS:
I'll speak -- and I'm sure that Legislator Foley is probably going to say some of the same things, but it's not our goal to close the center, it is simply to find a good place, and we certainly don't want it to be further or much further away. So I think we're going to be taking all of those issues into consideration before anything hastily -- there won't be any hasty decisions.

LEG. FOLEY:
If I may, Madam Chair, just as a follow up to that. The intentions of the resolution that's on the agenda today is not to in any way, shape or form close the center. The problem has been that we last year had with great reluctance and with many conditions and qualifications had approved the County Executive's plan to extend the lease in the building at that particular site, even though there were chronic problems with the landlord. As Ms. Owens will recall, the new management firm for the landlord had mentioned that there would be a very different manager than the prior management firm at the location. And what has transpired from last June to today is that there hasn't been any real great changes or improvements by the new management firm. And because of that and the fact that the current -- and we'll probably get into this debate more, Madam Chair, when we take up the bill, but I will just leave it with this. The fact of the matter is certain milestones that were supposed to be met by the landlord with the reconstruction, he's not even close to meeting those. And as opposed to having this building substantially completed, the expansion substantially completed by fall of this year, it really wouldn't be close until next summer. So we really have grave, grave problems. And what is our main motivation, the Chair, other members of the committee, is to have in place a center that will provide quality care to the residents and clients who use that particular location.

We had given the former -- well, the current landlord every opportunity -- forgive my colloquial use of it, but to clean up his act and he hasn't. So what we're looking at is ways in which to do what's best for the community and do so in a way that would have a location no further south than where it is now. But at the same time, whether it's Legislator Caracappa who represents the area, ourselves who are members of the Health Committee who have a particular interest in health care, public health care in the County, but we really have grave concerns about giving this particular landlord any further time on a building where great promises were made and none of them have been kept.

MS. OWENS:
Thank you all very much. We have the concern of the community and we're here representing them. Thank you.

LEG. FOLEY:
Thank you.

CHAIRPERSON FIELDS:
Thank you very much, and thanks for all your efforts. Joan Niles?

MS. NILES:
Good morning.

CHAIRPERSON FIELDS:
Good morning, Joan.

MS. NILES:
My name is Joan Niles and I wish to express my appreciation for this opportunity to address the members of the Suffolk County Legislature regarding the planning process used by the Suffolk County Division of Community Mental Hygiene Services.

I presently serve as the Chairperson of the Mental Health, Mental

Retardation and Developmental Disabilities Substance Abuse Services Planning and Advisory Board for the division; that's quite a mouthful. As a community advocate who is employed by the Association for the Help of Retarded Children for the past 25 years, I have worked with the division as a member of the MRDD Subcommittee to the board as a board member, co-chair, and ultimately as chairperson.

Throughout the tenure of my association with the division over the course of a decade, I have been impressed by the degree to which the division and its personnel are not only receptive to the ideas of the community but actively seek input of consumers, family members, advocates and providers regarding the configuration of the mental health and the MRDD service delivery systems.

It has been my experience as a member of the subcommittee and board that the division has actively sought information regarding the perceived needs of the community and the preparation of their annual local government plans which are submitted to New York State as part of the 5.07 planning process required by law.

The division has in the past invited written commentary from the community regarding problems faced by consumers and their families in terms of access to and availability of services needed to support persons with disabilities in their community settings. Among the services that I am personally familiar with are housing, clinic services and maintaining persons in the community through the provision of case management and other support mechanisms.

The division has always been receptive to the development of new program models to assist persons with disabilities towards maximizing their potentials and to provide supports which assist them and their families to enjoy lives, their lives to the fullest extent possible. The recent development of the Assertive Community Treatment Teams for both adults and children were due in part to the division's receptivity to information from consumers and advocates that this program model provided the level of care most needed by high risk individuals in the community.

It has been my experience that the process employed by the division in the development and implementation of new programs has always sought input from the community. This input has enabled the division to craft a system of services which is considerably more than consumer friendly. Suffolk County government, as represented by the division, is consumer oriented and consumer driven, as exemplified by the past development and implementation of Clubhouse and Psycho-Social Programs throughout the County. The recent implementation of the Assisted Out-patient Treatment Program actively sought and maintains consumer and advocate input and oversight, the only program to do so in the state. And I can tell you personally at the board that there was much trepidation about this program from consumers and I do not hear that any longer, which makes feel me feel that the program is working.

Recent programmatic initiatives that are under way in the area of forensic services to persons with mental illness such as the ACT Model within the correctional facility; forensic residential care for persons who are duly diagnosed; Medication Grant Program; outreach to local precincts are the direct result of the division's attention to the needs of the community as part of reinvestment funding.

The division's attention to the community is best typified by the creation of a Forensic Subcommittee to the Mental Health Subcommittee

based upon the needs submitted to the division by consumer and family members regarding the needs of this population due to transinstitutionalization caused by the closure and the downsizing of the State Psychiatric Centers in Suffolk County.

The creation of the Service Area Councils in the 1980's and their uninterrupted operation to the present is another clear example of the degree to which the importance of community input is considered by the division to be an integral part of their operation and planning as the local unit that's responsible for mental hygiene services.

It is my understanding that testimony presented before you on the 16th of February called into question the degree to which the division shares the task of planning for the provision of services with representatives of the community, including consumers, family members and providers. My experience over the past decade is clearly at variance with that presentation, having observed the responsiveness of the division to input from the community, both formally and informally.

Again, I thank you for this opportunity to provide commentary and my observations and experiences.

CHAIRPERSON FIELDS:
Thank you. Anita Fleishman and Gisella Rivadineira; you can correct me.

MS. FLEISHMAN:
Good morning. Gisella is not joining me because you couldn't pronounce her name right.

CHAIRPERSON FIELDS:
How do you pronounce it?

MS. FLEISHMAN:
My name is Anita Fleishman and I'm the Executive Director of the Pederson-Krag Center in Huntington and Smithtown and other places. I'm going to cut right to the chase; I am here to support the division's plan on the new initiative for SEM and ICM programs.

Basically, I'm interested in two things. I'm interested in what the results of this plan is going to produce with regard to consumer care, with regard to staffing of programs, and I am also interested of course in the process that occurred to get to the place that we are at now. There is little doubt in my mind that this plan is going to go a long way in helping a program that has suffered for many years for a variety of reasons. This plan is going to add staff to areas that heretofore did not receive this type of care that we were allowed to provide to consumers. It will go a long way toward the continuity of care with the introduction of ICMs and SCM in a blended model.

With regard to the process that occurs, we have been discussing this plan ad infinitum for a very long time. The County has and continues to be inclusive in educating us to what is in the works and giving us ample opportunity to respond to plans. There is little doubt in my mind that every agency represented here today, and even those that aren't represented here today, do an incredible job when it comes to providing mental health and substance abuse services to the community. No one is inferring that one agency provides better care than another. However, the division has the goal of allocating managers and programs

into areas that require it.

And there is also little doubt in my mind and in my agency and board's mind that this allocation will work and will tremendously boost the services and the programs that are being offered to the community. Thank you.

CHAIRPERSON FIELDS:
Thank you. How do you announce Giselle's last name?

MS. FLEISHMAN:
Rivadineira.

CHAIRPERSON FIELDS:
Thank you. Michael -- I'm not sure if I can read this correctly -- it's either Shots or Stotz.

LEG. FOLEY:
Stoltz; it's the handwriting.

CHAIRPERSON FIELDS:
Yeah, this one's the handwriting.

MR. STOLTZ:
I have to work on that. Good morning. My name is Michael Stolz, I'm the Executive Director of Clubhouse of Suffolk, the psychiatric rehabilitation agency located in Ronkonkoma and running under the name of Synergy Center in Riverhead for our east end residents who are in recovery from mental illness.

In addition to being Executive Director of Clubhouse of Suffolk, I've been a past co-chair of the Managed Care Committee of the Service Area Council when this County's Mental Health System was very much going through an exhaustive process of considering whether or not a special needs managed care plan should operate in this County, and that process was very much involved with a great deal of interplay between the division and the Service Area Council, family members and consumers and recipients.

I'm also the past president of an organization called NYAPRS, New York Association of Psychiatric Rehabilitation Services, which has had active discussions with Mr. MacGilvray and the division staff over the years and currently on behalf of brining state of the art rehab and recovery based services to Suffolk County. Mr. MacGilvray has been an officer within the County Local Mental Hygiene Directors, and so there's been a great deal of interplay between NYAPRS and that organization through Mr. MacGilvray's work.

I'm here to express my appreciation to the division for their support of Clubhouse of Suffolk and for their responsiveness to our request to become a case management providing agency for the east end; and I'm going to talk a little bit about process by which that happened, because we are one of the new providers in this new plan. Actually the -- we wrote to Mr. MacGilvray and the division over three years ago about our concerns, about the gaps in services, in case management services on the east end that were caused by the unique challenges of the geography on the end as well as the financing mechanisms. But through those gaps and those challenges, we had a number of people who we were serving through Synergy Center whose case management -- who needed more supportive case management assistance than was available at the time. That led us to studying the concept of if there were an

opportunity some day in the future to provide case management services out of Clubhouse, a psychiatric rehabilitation setting, would that make sense. At that time, I wrote to Mr. MacGilvray and expressed our interest in that and gave -- provided some background to that concept. He studied -- not only was he receptive to the idea and studied it, but pushed me to explore around the state and around the country models by which supportive case management services and case management services in general followed rehabilitation and recovery practices and principals.

The county, it's been my experience that the division has been not only interested in rehab and recovery-driven services, but in my prior role as President of NYAPRS, I got to visit a lot of programs and services and counties around the State and we can be very proud of the fact that we are at the forefront in Suffolk County of offering rehabilitation and recovery-based services that are based in an idea that people get better, people can live satisfying and productive lives in the community.

We look forward to providing supportive case management and intensive case management services to east end residents out of our Synergy Center. We look forward to collaborating with Catholic Charities who is a current provider on that end and we've already had discussions with Catholic Charities about that collaboration of work and division of effort and we look forward to this plan benefitting a lot of people who have not to this point been able to avail themselves of adequate, supportive case management services. Thank you.

CHAIRPERSON FIELDS:
Thank you. Marilyn Shellabarger?

MS. SHELLABARGER:
Good morning. I'm Marilyn Shellabarger and welcome -- I should say I welcome the opportunity to speak. Today I'm representing as the Chairperson of the Liaison Committee of the Health Centers, and my new motto is, "The best kept secret in Suffolk County," the health centers.

I wanted to speak both to the issue of the Elsie Owens Health Center because we understand that the 5,000 patients that would be in trouble with -- have to travel much farther, it would be very inconvenient for them. I heard your replies but I just want you to know that the liaison committees which oversees -- we all meet together to share our

common problems, are aware of this and as a group we are supporting Elsie and the advisory board in the least disruption for the patients and to get on with it. I agree, I listened to the discussions two meetings ago and understand there's been unreasonable delays, but I do want to stay that patient must come first.

And then the other issue I wish to address is the Tri-Community item which some of you may or may not know that 15 years ago, I guess time does fly, I was chairman of the Mental Health Board, I'm fully aware of the necessary needs for mental health services in Suffolk County. However, Amityville, the Tri-Community Health Center, is another over crowded health center. I mean, it may be a well kept secret, but we still have plenty of patients and this particular health center is scheduled to, we hope, be enlarged. Therefore, with these over crowded conditions that exist, the space that's presently occupied by the Sunrise Clinic is desperately needed; patients must be interviewed

in public and various other places.

I think you should know that it isn't that we oppose the Sunrise Psychiatric Clinic, it's just that the space is much more appropriately used for the Tri-Community Health Center. And the problem of taking money out of the budget when we desperately need clerks and help inside, personnel in the health center, is also a little bit difficult for us.

Anyhow, I wanted to say that nobody from Amityville could get here; I don't work so I was able to come. And I just wanted to say that they would be here if they were able.

CHAIRPERSON FIELDS:
Thank you. Your comment about the patients come first, I think that everyone on this committee is very aware of that and that's our goal also. I think I saw you look.

LEG. POSTAL:
I just wanted to respond, Marilyn, to the concern about Tri-Community. And I don't remember if you were present at the last meeting of the Health Committee when it was clear that there are two very worthy needs for the same space, and one of the -- what we're trying to do, what I was trying to do, was find kind of win/win solution, even on a temporary basis, because Sunrise is in the process of renovating new space and they have had somewhat of a delay.

I don't know that there's anyone here from Sunrise today, because the question seems to be -- and I have asked Sunrise to provide documentation to address this issue at the next meeting of the Health Committee -- how many clients are seen by Sunrise at the Tri-Community site. Because, you know, it's actually -- that's what it comes down to and that's what we're going to be looking at; I have asked Sunrise to provide that documentation for the next meeting of this committee.

Frankly, if there's insufficient documentation to warrant maintaining a presence at Tri-Community, then I don't see a justification for going forward with it. On the other hand, if there's documentation to indicate that Sunrise is seeing a large number of clients and, in fact, that those clients would not go to another location, then I would continue to pursue even a temporary solution to Sunrise's problem.

MS. SHELLABARGER:
Thank you very much. Just so that you're aware of the advisory board's feelings.

CHAIRPERSON FIELDS:
No, we appreciate it. Thank you. You say you don't work but I see you working pretty hard. Tom MacGilvray, would you like to come and give us a presentation?

MR. MACGILVRAY:
With the committee's permission, I'd like to bring up the Commissioner as well as some staff members.

CHAIRPERSON FIELDS:
Could we just identify who you have? Obviously Dr. Bradley we know, but I'm not sure about everybody else.

MR. MACGILVRAY:
Well, my name is, of course, Tom MacGilvray, I'm the Director of Community Mental Hygiene Services in Suffolk County and I've brought some valued staff members here today. To my left is Dr. Frank Seigal who's a Clinical Psychologist and also was a large part of the process of developing reinvestment plans in Suffolk County as well as the recent, new initiative plans for case management. To my right, immediate right, is Irene Thurman who is the Acting Deputy Director for Mental Hygiene Services. And of course, there's the Commissioner and the far right over there is Alberta Powell who heads up our CMAU Unit which is the Case Management Assessment Unit in Suffolk County.

I do want to thank you for the opportunity to present here today and want to thank the Chair specifically and all the members. I think one of the things I want to start off with, I think we heard some critical testimony, this committee heard critical testimony last month with regards to the planning process in Suffolk County, and I think we'll start by addressing the planning process in a general way and then we'll work more specifically towards the planning process involved with the new initiative case management funding.

First of all, we view case management and planning in general as a bottom's up process. It's not a single agency still fight decision as you've heard here in some of the testimony, it's a bottom's up process that involves -- that begins with the identification of local needs at the Service Area Councils. The SACS, sometimes referred to as SACS, are composed of representatives of State, local government, providers, advocates, recipients and other stake holders who identify needed services, provide improved coordination of services and identify issues related to service needs.

Because Suffolk County is such a large County in population and as well as in geography, we broke the county down along geopolitical boundaries so that we could better plan from a local perspective. As you can see there, you've got Huntington/Smithtown as a separate SAC, you've got Babylon/Islip, you've got Brookhaven Township and you've got the east end, you've also got a County-wide children's SAC. But this affords us to hear directly from the agencies in those communities as well as the recipients and family members who were served in those communities.

All four SACS report upward to a County-wide SAC, sometimes referred to as the Super SAC, which coordinates local SAC efforts, identifies County-wide mental health issues, and through subcommittees evaluates priorities. The SACS report upward to the Mental Health Subcommittee of the Community Services Board; both of these bodies, I should mention, are constituted in State Mental Hygiene Laws as well as Local County Charter.

The Community Services Board and Mental Health Subcommittees are an advisory to the Director of Mental Hygiene and the Commissioner of Health Services. The Director and Commissioner formalize and finalize plans and funding requirements which must then be approved by the County Executive and the Legislature. You'll see a chart here that shows the upward flow, it starts with the Service Area Councils up to the County-wide SACS which has separate committees alluded to before, transportation, managed care, acute care, forensics, etcetera. Off to the right there is a Children & Youth SAC that meets on a monthly basis. This information flows up to the Mental Health Subcommittee, then to Advisory Board, to myself, and then to the Commissioner and

then to the County Executive and you folks.

These SACS, subcommittees and board have strong input into the planning process. However, the division as a local government unit has the statutory responsibility, in accordance with Local 41 of the Mental Hygiene Law, for determining the need of services and developing service in accordance with State and local funding objectives. While the specific choice of provider, contracting and contract monitoring is a County responsibility, feedback from the local SACS and subcommittee provides invaluable information to the division about how well needs are being addressed in the different areas of Suffolk County. The Mental Hygiene Service Delivery System in Suffolk County is the largest and we think one of the best County programs in New York State, and it is a direct reflection of the planning process.

The Commissioner and myself have been before you over the last three years several times to enlist your support in obtaining what we refer to as our fair share of State funding. We had the opportunity to present then on the history of the large State psychiatric facilities in Suffolk County, we talked to you then about the difficulty with migration from individuals in other parts of New York State that wound up in Suffolk facilities and then wound up in the big deinstitutionalization process of the 60's and 70's, 80's in our communities. We asked for your support for local share and I want to say that as indicated, we recently had a victory for Suffolk County. In September of 2000, New York State Office of Mental Health allocated new initiative funding which was the largest expansion ever in County Mental Health Systems. The new State funding initiative could not have arrived at a better time for us, because thanks to the efforts of many including this Health Committee, the Mental Health Advisory Board, providers and hundreds of family and mental health advocates, Suffolk County realized a tremendous fair share of victory. The Suffolk County allocation was a total of $5.7 million, more than $1.7 million than would have been allocated under the old formula.

I want to talk now specifically about our goals for this new initiative funding as it relates to case management. Our first goal is to serve the most at risk seriously mentally ill, that's always our first priority. To strengthen our case management system to further promote recovery-oriented services that are flexible, personally tailored and responsive to individual need. To develop new, assertive community treatment teams to cover every service catchment area of the County. ACT Teams, as they're called, view a clinic and intensive case management on wheels, these are teams that go directly to people's homes and where they live as opposed to having people come into the clinics, many of our most seriously mentally ill don't do well with that. To eliminate our intensive case management waiting list. To expand case management in order to include agencies with histories of providing recovery-oriented services and solid track records of fiscal management. Self-help and recovery are how people get well and stay well; we endorse the promotion of these principles and endorse agencies that adopt these principles. It's not about us, it's not about agencies, it's about the individuals we serve. You heard very eloquent testimony today from two consumers who have benefitted by this system with Jean and Mike and Lucy. To better balance and augment our existing case management system and assist one agency, Catholic Charities, which has faltered in its burden of managing almost two-thirds of our SCM System.

There was some very specific testimony last month with regards to the planning process around case management, I want to talk about that a little bit now. First of all, I want to say that our time period for planning and implementing new goals was very short. The OMH released its original, incomplete version of new initiative guidelines at the beginning of September, 2000. The division attended the first State Technical Assistance meeting on September 20th. The very next day, on September 21st, the division met with all Suffolk County Case Management agencies as well as other agencies to discuss new initiative funding and asked for questions and feedback as we endeavor to develop our plan. Many agencies provided feedback and we had a special meeting with representatives from Catholic Charities and Pederson-Krag to hear their ideas.

During the following months there were issues to be resolved, issues about new act guidelines, generic clinic management and others as well. However, as soon as the division received verbal approval of our preliminary plan from the OMH, a representative of the division contacted Catholic Charities to verbally inform them of the changes prior to meeting formally with the rest of the providers; Catholic Charities was the only agency that we contacted. The division met with all case management agencies again on January 18th, 2001, to discuss the County's proposed plan and indicated that implementation would not be until July 1st. The division developed its plan with input from all our agencies and believe that our proposal meets the needs of Suffolk County and its mental health consumers.

With regards to Catholic Charities and the plan for Catholic Charities, I share with you some of our thinking about this. With the new initiative funding, the division also sought to rectify some of the historical problems faced by Catholic Charities. And let be real clear, there's no question that they have faced some historical funding problems as it applies to this case rate that was negotiated by them with New York State OMH years ago. By shifting 12 poorly funded SCM's to a new case management agency, that despite the lower rate believe that they could operate the program within the same budget as Catholic Charities had. This is an agency with generally low administrative costs and a history of fiscal management. In turn, we provided Catholic Charities with five more richly funded ICM's. This, in effect, would reduce Catholic Charities' SCM capacity from 990 to 690 but increase their gross funding per client by over 20%.

This proposal also reduces Catholic Charities' catchment area to most of Brookhaven and the east end. This would permit them to retain more richly funded east end SCM positions, consolidate their program into one primary existing office, and to use satellite locations on the east end. We felt that this would contain sky-rocketing space costs and better permit them to have economies of scale within their program. Catholic Charities, as you know, is now requesting to relinquish the east end and Eastern Brookhaven, a geographic area, that they assured us they could cover it within budget less than one year ago; this would result in the loss of the more richly funded east end workers and the need to maintain two full offices. The entire system plan, of which Catholic Charities is only one component, is in an appendix, we won't discuss that today in the interest of time but there will be an appendix in this written document that we'll provide to you at the end of my comments.

Some of the issues with regards to Catholic Charities' Supportive Case Management. A major problem with Catholic Charities has been their inability to fill position and retain workers. They are now funded

for 33 Supportive Case Management and as of February 13th had eleven vacancies, or one-third of their positions unfilled. Vacant positions in SCM Programs create multiple problems in providing care, generating Medicaid revenue and system capacity. However, there are agency fiscal incentives not to fill vacant positions as the agency realizes turnover savings which can pay for increased costs in other budget lines. The Office of Mental Health to date has paid the agencies their full contract despite failures in meeting contracted units of service. However, the OMH might well reduce agency payments and reduce County funding for a lack of a maintenance of efforts; this is something we want to avoid at all costs and was a big part of our thinking in terms of developing this plan.

Let's take a look now at a chart that shows vacancy rates. This is a graph comparing vacancy percentage rates of Catholic Charities with the entirety of the rest of the Case Management Systems. It's an apples to apples chart, it's talking about percentage of positions, not percentages per se.

LEG. FOLEY:
Just through the Chair. Mr. MacGilvray, if you do have this in writing for the committee, it would be helpful to us if we could read along.

CHAIRPERSON FIELDS:
It's very hard for us to see the screen.

MR. MACGILVRAY:
Then I would ask that we pull out some --

CHAIRPERSON FIELDS:
Do you have the written presentation that we can read along with you as you are presenting? Thank you.

MR. MACGILVRAY:
We're on page eight, slide 15. I would like you to take a look at the chart that we have here indicating the vacancy rates of Catholic Charities versus the other case management agencies. As you can see, vacancy rates for Catholic Charities has been an issue and we've been concerned about it.

We met with Catholic Charities in June of 2000 to indicate that we were concerned about the vacancy rates. You can't have services to clients and recipients unless you have workers, and when we discussed -- when we gave them the additional eight Case Managers to cover the east end, one of the things we expressed right away in giving them the contract is the issue around vacancies and their ability to retain, hire and retain workers. And after we met with them, as you can see, we met with them in June, there was some level of improvement, but then again the vacancy rate crept up again to February 13th where, again, as we indicated, 33% of the vacancy rates existed. And that was a big problem for us for a lot of different reasons, the issue of State takeback of funds plus the whole issue of people not getting served these very important services.

Another problem with Catholic charities is the over spending of budget. Frank, if you can just show that whole slide there. Catholic Charities' SCM has overspent their budget each year from 1995 to 1999, the last year of a filed cost report. The amounts of overspending have increasing each year as indicated. No other SCM agency's expenditures

exceeded their budget in 1999. From 1995 to 999, their gross SCM expenditures increase from one million one to one million two, a 10.4% increase. Where did the money go? The next chart indicates that not a lot of funding went to case managers per se. As you can see, that was 1.2%, there was a very hefty amount going to programs administration and support, fringe, other than personal services and equipment were in the minus column, and there was a whopping 65% that went to property costs, agency administration was $20. So as you can see here, most of the new money they got went to program administration and property. We are concerned when most of the dollars that we provide agencies go to other than direct patient services.

Collection of revenues is another good indicator of an agency's efficiency. Catholic Charities' SCM Program lost $111,000 in 1999 due to not achieving revenue requirements. While the agency will attribute responsibility to external factors, revenue rates and expectancies are the same for all SCM agencies. And the last year for which complete agency data is available, 1999, no other agency lost money due to revenue shortfalls, this includes Maryhaven Center in the last year of operation. Catholic Charities' combined loss for SCM in 1999, between over expenditures and revenue shortfalls, was $213,000.

Their testimony on the 16th also spoke to their clinic operation, I'd like to talk about that now. In Catholic Charities' appeal to the Legislature for increased clinic mental health funding on December 10th in 1998, they presented that they were seeing increasing numbers of individuals and rather than deny services to people they were providing more units of services, more out-patient visits than their contract funded. Their testimony projected at the end of the year that they would see 25,000 out-patient visits or units of services for 1998. In contradiction to the testimony, they actually provided 21,000 services -- service units that year, over 17% less than their testimony.

Based on this testimony, for the year 2000 this Legislature gave Catholic Charities an additional $100,000. The Division of Mental Health and the Health Department gave them an additional $35,000. In 2000, after Catholic Charities received this increased funding, they reported delivering fewer than 18,000 units of service, over 10% less than their contract and almost 30% percent than their 1998 projection. As shown in the following chart, ever before their appeal to the Legislature their clinic services has been declining.

So as you can see, we're seeing a year-to-year and downward trend, despite the fact that between the health department and this Legislature they received an additional $150,000, taxpayer levy dollars.

LEG. FOLEY:
Did other contractors see a similar decline, or was is it unusual just for this particular agency to see a decline?

MR. MACGILVRAY:
I think most of the other agencies have come within contract units of service. We get monthly reports in terms of out-patient visits each month and we monitor it pretty closely.

One of the things you have heard from Catholic Charities is that they're a low cost provider. The numbers indicate that they're among three of the highest gross cost providers in the County, that

Pederson-Krag, FEGS and Catholic Charities -- Pederson-Krag recently took over an agency in bankrupt, I think we can cut them some flack for now. The other thing we look at is net cost which is on the next chart. After subtracting revenues from gross costs, you're left with net costs. As you can, Catholic Charities at $36 is four times higher than the Family Service League which comes in at $8 versus $35.74.

Let's take a look at the same issue for the alcohol clinics. Again, you look at gross costs, this is the expenditures. Each agency has to allocate, you know, for one unit of service one out-patient visit. It costs Catholic Charities roughly $80, it costs Family Service League roughly $40, twice the amount.

Taking a look, again, at net costs, subtracting the revenues is another indicator of how well, how efficient your agency is in collecting revenue. As you can see, Catholic Charities is at $66 and Family Service League, the low end of the chart, is at 17; Catholic Charities is four times higher than the lowest provider.

I've got some conclusions and recommendations that I would like to read. But I want to say, and not included in the recommendations, it's very critical that agencies maximize their efficiencies, we believe, before they come to us and before they come to government for help. We'll do our part in assisting them with technical assistance, we expect that they take some responsibility for their operations and we'll work with them, but we need them at the table with us indicating that there may be some problems that we're willing to work out together.

We've got some conclusions and recommendations. Just to say in 1998 the two separate Divisions of Mental Health and Substance Abuse merged within the Health Department to become the largest County Behavorial Health System in New York State. With an operating budget of almost $50 million, the division not only is a provider of services but is primarily responsible for administrative oversight of 150 separate contracts with approximately 50 community-based agencies. As a designated local government unit or LGU, the division must comply with State Mental Hygiene Law and our Local County Charter in the planning and development of mental health, alcohol, substance abuse, mental retardation and developmental disability services in Suffolk County. And you're right, Joan, it is a mouthful.

Put simply, our primary role is to insure that many of our County's most at risk and vulnerable citizens are provided with services they need to not just survive but to thrive in our communities, that's our goal. Very importantly, we also must insure that services for taxpayer dollars are maximized and prudently spent; this is our job and those of us in the Health Department and division take it very seriously. In accomplishing our job, we, of course, value all our agencies who we view as stakeholders and collaborators in a shared mission. At the end of the day, however, it is the County that must make the decisions and be accountable for those decisions to insure that limited funds are spent wisely and persons are served well.

You should know that we're in the process of setting up additional meetings with Catholic Charities and our other case management agencies to hopefully resolve the outstanding issues. It is critical that we accomplish this in short order because so many people out there are awaiting additional case management services. We would, therefore, request your assistance insuring that enabling resolutions soon to come before you will be quickly passed and moved to the full

Legislature. Thank you very much.

CHAIRPERSON FIELDS:
There's a couple of pages after that, reconfiguration, do you want to discuss that or no?

MR. MACGILVRAY:
That's the addendum, that's the full plan.
CHAIRPERSON FIELDS:
Okay. Thank you. Do you have any questions for the panel that's up there now, Legislator Foley?

LEG. FOLEY:
Thank you, Tom, for your presentation on the plan. When do you expect to give to us, present to the Legislature, a resolution?

MR. MACGILVRAY:
The next stage for us, Legislator Foley, is a meeting with Catholic Charities and with the other providers in the overall plan to work out differences.

LEG. FOLEY:
But one of your recommendations is that you're asking our assistance when you submit a resolution; when do you intend to submit a resolution?

MR. MACGILVRAY:
Well, the short answer is as soon as possible. But again, we'd like to really work with all our agencies, including Catholic Charities, to work out a plan that's accessible while also meeting the goals and the integrity of our plan for expanded case management services.

LEG. FOLEY:
Has the State set any kind of deadline as to when we should be setting --

MR. MACGILVRAY:
They're breathing down our neck.

LEG. FOLEY:
Pardon?

MR. MACGILVRAY:
They're breathing down our neck. I have explained to them that we have some local problems here and they've been patient. But I must say that obviously, if we're not implementing these plans, as I indicated, there are persons out there with serious mental illness who are not being served. So it's in all our interest to quickly meet and resolve difficulties and move forward.

LEG. FOLEY:
If you go back to an earlier part of your testimony, you mention on page 12,you gave examples of the gross cost as well as the net cost. Could you for a variety of components of Catholic Charities' services, I'm sure they'll be able to speak to that also, but in your own estimation, why do you -- why would -- if you have some kind of insight into this, why do you see this great disparity in the net costs of different contract agencies; why is one four times less than other contract agencies?

MR. MACGILVRAY:
Well, the net costs are a byproduct of the ability to generate revenues. You could say also that the argument might be put forth that we're an area that has less Medicaid clients, that has third party reimbursement, that we serve in our {pair mix} more of a population that does not have third party insurance. But for us, it's a pretty good indicator of how well agencies do in generating income. And the net cost, I should say, is what the County pays, what the State and the County pays to the agencies after the revenues are subtracted. So that's a key number for us.

LEG. FOLEY:
Some of the testimony we heard at the last meeting, there was -- and you touched upon it earlier in your presentation. It's been mentioned in the past and again in a handout that we have here today the fact that criticisms were only recently raised and formerly raised after Charities had challenged the proposed plan. Could you just give us a little more detail on the planning process that took place and how you reached out not just to Charities but how you reached out to the different contract agencies to get their input? I know you spoke about it as part of your overall presentation, but if you can give us a little more detail. Because that's one of the main criticisms, if you will, one of the main concerns that we had heard at the last meeting, was the process that took place up to this point, in speaking with the various contract agencies and particular Charities.

MR. MACGILVRAY:
All I can say, as indicated, the planning for services is not -- it's not as if we get a dollar amount and don't know what to do with it, there's a very inclusive, expansive planning process that starts from the Service Area Councils upwards. In this instance, the State has indicated, provided Suffolk County with it's new allocation of new initiative funding and we didn't get the actual guidelines for that funding until September. We met with them for technical assistance on September 20th. The very next day we called in all the agencies including case management agencies as well as other agencies, to meet with us and to lay out the goals that I indicated here in terms of the spending of this money. At that meeting also we invited feedback and we invited agencies to share their thoughts on it, many agencies took advantage of that. We had a special meeting with Pederson-Krag and Catholic Charities to listen to their concerns. The next process is, you know, we were waiting for tentative approval from New York State OMH of the plan and there were rather technical issues that had to be worked out with regards to our planner ACT Teams and generic case management, that sort of thing. But what we did when we did get that tentative approval of the plan, we called in all the agencies again to discuss the plan as you know it. What we did before, however, we met formally with the agencies. We called up Catholic Charities, made a direct phone call to Catholic Charities, the only agency we did that with, to give them a heads-up in terms of what we were looking at.

Now, one of the things to remember as well is that, you know, there was a six month -- when we plan -- I mean, planning, it's an upward flow. So this is the division's plan, I then have to share this plan with the Commissioner, and of course it's then reviewed and given to the County Executive and the Legislature and so forth. So there is a process that goes well beyond even what the division does in terms of planning and anybody can jump in, as you see, at any point in the process and have done that.

LEG. FOLEY:

You know, just through the Chair, another question if I may. You mentioned earlier at the very beginning of the bottom up planning and the role that Service Area Councils play; do the service area councils also identify unmet needs within their particular area and then raise concerns about those unmet needs?

MR. MACGILVRAY:
That's one of the reasons for creating those Service Area Councils, is that since the County is such a large area population wise, geography, it's very hard to plan for this County as a whole. So they do identify needs at the local level and you'll have special needs for certain areas; Babylon/Islip may be very different from Huntington, Smithtown or Brookhaven or the East End. So the way it works is that information is supposed to flow up to County-wide SAC that was developed in the last two years really to address common themes that all the areas were experiencing in terms of Medicaid, Managed Care, transportation and so forth. But ultimately there's a report out at our Mental Health Subcommittee from the SACs. The SAC Chairs come to the subcommittee meeting, the Mental Health Subcommittee, and provide information and feedback to the division in terms of what's going on in their areas.

LEG. FOLEY:
Along those lines, at the Mental Health Subcommittee meeting, was there discussion about unmet needs within either the Bay Shore area or the Sayville area or the Patchogue area and the need to address those through some new arrangement?

MR. MACGILVRAY:
In terms of the case management? I think that the appendix of this plan I think talks more specifically about that with regards to a review of patient data and zip codes and so forth.

LEG. FOLEY:
My point --

MR. MACGILVRAY:
We know where most of our recipients reside and we know by zip code.

LEG. FOLEY:
Right. My point is this, Mr. MacGilvray, is that we have the area councils, they meet regularly with the Mental Health Subcommittee. Obviously there are unmet needs in different parts of the County, and I'm only going by what I've read today and your presentation today. Given the fact that the division sees a need to reconfigure some of the supportive case management and intensive case management services, is that a result particularly of commentary, testimony, discussion that was generated from this bottom up process? Meaning did the local area -- I'll call them local area or the Service Area Councils, did they, in fact, say that there are these problems or issues that need to be addressed, unmet needs in Bay Shore, unmet needs in Sayville, unmet needs in Patchogue? And for those reasons, we need to have a reconfigured plan for these areas. I mean, how does that work within the guidelines or within the context of your office and of the division?.
MR. MACGILVRAY:
To say that it's a specific recommendation out of a particular Service Area Council, in this case Babylon/Islip, would not be accurate. However, I think when you take a look at the goals of the plan as we've stated them today, the general goals, that's a direct result of

the information that's generated from the bottom up, from SACS on through the subcommittee and the advisory board.

LEG. FOLEY:
Okay, thank you. Thank you, Madam Chair.

CHAIRPERSON FIELDS:
I just have a question. I'm seeing in some of the material that I have that Catholic Charities receives 22,000 in Suffolk County funds per case manager and two of the other providers receive nearly 30,000 and one receives over 41,000; is that correct when you're comparing?

MR. MACGILVRAY:
Legislator Fields, one of the things that we acknowledge is the fact that historically this agency has been disadvantaged as a result of a low case rate. And it is -- the next highest case rate for the next agency is $5,000,so that's something that we certainly appreciate that the agency faces.

CHAIRPERSON FIELDS:
So are you agreeing with that, that Catholic Charities makes $22,000 or takes -- receives 22,000 in funds per case manager and two other ones receive 30 and one receives 41; is that accurate?

MR. MACGILVRAY:
No, it's not. Well, basically look at it this way. The total funding, you know, per case manager for Catholic Charities is I believe -- and I'll check this with Dr. Segal -- 41,000 and change, the next case rate for the next case management agency is roughly $5,000 above that. So it's 41,000 plus as compared to 46,000 for the next highest -- the next lowest agency.

LEG. POSTAL:
If I could, I think we're confused, at least a couple of us are. When we're talking about that rate, is that in relation to the number of cases that are served?

COMMISSIONER BRADLEY:
No.

LEG. POSTAL:
No, it has no relationship --

COMMISSIONER BRADLEY:
No.

LEG. POSTAL:
-- when you're talking about $41,000 per case manager, the next --

MS. THURMAN:
No.
LEG. POSTAL:
No. Then why would there -- I don't understand why there's a discrepancy.

MR. MACGILVRAY:
When the State -- this used to be a State run program, it was a hundred percent State CSS Program. The State, as it's prone to do, Medicated out this program some years ago. When they established the rates for case managers, what they looked at back then was cost, how

much money you were paying your staff, etcetera. So the rate really is a byproduct of a rate that was negotiated with the New York State Office of Mental Health and it was based on cost at that time.

LEG. POSTAL:
And it doesn't change.

MR. MACGILVRAY:
It doesn't change. And we've -- I should say one of the things we didn't get to in the interest of time is the fact that we have advocated and worked with our agencies, including Catholic Charities, to try to get some redress to that issue. It's not fair that we have one agency who's getting paid this amount and other agencies get paid that, and the fact that we're also saddled with gross unit cost caps. So that even if an agency let's say is better about generating revenue, that if they see more -- if they generate more revenue, what the State will do with that is take it back. So we're really stuck as a case management system, you know, with rates that we were saddled with by New York State. You know, there's been some cost of living increases recently, we've got other ones hopefully slated in this year's Governor's proposed budget, but it has been an issue, it's been an issue in Suffolk County, it's been an issue State-wide.

LEG. FOLEY:
Just to follow up on that point and the disparity of the reimbursements from the State. How have we, whether it's the County of Suffolk working with the contract agencies, how have we attempted to lobby the State to change the reimbursement rates; have we done that?

MR. MACGILVRAY:
There's been meetings -- my capacity as the Chair of the Mental Health Committee of New York --

LEG. FOLEY:
Reimbursement, but go ahead, I'm sorry.

MR. MACGILVRAY:
-- Conference Mental Hygiene Directors, this has come up on several occasions. We meet on a monthly basis with senior OMH staff, sometimes the Commissioner, and we've brought this to the table many times. And the answer you get is that agencies, some agencies are going to essentially work within that budget and we think it's a fair rate, that's the stated answer. I think the other issue is a lot of these things are driven by DOB decisions and that what happens is that we've also capped with the Medicaid neutrality issue that our Medicaid expenditures can't increase; if they do what happens is the State takes that Medicaid increase, you know, from our State aid funding. So we've got a number of complicated issues that are involved with that. We certainly, Legislator Foley, have been involved, you know, with our agencies in our capacity as advocates for rate changes and increases for infrastructure costs for our agencies as well as new and expanded services.

LEG. FOLEY:
So while the State acknowledges that there is this disparity in rates, they haven't put forward any comprehensive plan to equalize those rates.

MR. MACGILVRAY:
Here's the deal from our perspective. The plan that we've proposed is

a way of addressing the disparity, that's why we were surprised when we got the reaction from Charities. Because what we really did with the reconfiguration was to raise their per recipient rate case 20%.

LEG. FOLEY:
Because it's intensive case management.

MR. MACGILVRAY:
And we reduced their territory --

LEG. FOLEY:
Because it's intensive case management?

MR. MACGILVRAY:
Yeah. So we thought, you know, given everything else, the fact that they'd have one less building to operate and they'd get a higher cost for recipient, that we thought this was essentially something that they would embrace, we were surprised frankly that we got the reaction we did.

LEG. FOLEY:
If I just may, Madam Chair. All the agencies who spoke here today, one of whom is the subject of the meeting, all of them are held I think in a very high esteem by all of us. And over the years they have certainly, all the agencies have enabled many men and women and children to live better lives. So on one hand it's rather -- I won't say difficult, but somewhat uneasy to have to have these discussions publicly, but we're at a point, at a juncture where there is a need I suppose at this committee to discuss these issues.

What I would like to do, Mr. MacGilvray, is just speak about another issue, if you will. As you know, and this was testimony that was given at the last meeting that I would like to hear not just your response but your thoughts and thoughts of the department, insides of the department on this issue. The fact of the matter that we heard from Catholic Charities who has been giving services particularly in the Bay Shore area for close to 25 years and that there is concern about moving them completely out of that particular area and moving them to the east end and thereby discontinue any relationships or consistency in the services to the clients in that area. Could you respond to that particular concern?

MR. MACGILVRAY:
Well, I think one of the things we point to right away is the staff turnover rate. So one of the things we take a look at is the actual relationships with clients and how long that's actually lasted; I don't have the figure on the top of my head, maybe Dr. Segal does. The fact is we have other agencies, there is a relationship that -- it's not a clinical relationship because all these clients will have clinic visits and have their own psychiatrists and therapists in the clinic, but there is a relationship that develops between clients and case managers. I mean, the case manager is the linkage to services and the linkage to recovery, so that does exist.

However, I think we should say also that change is not necessarily always a bad thing, we all have to deal with change. And I think parts of what we would do, what we plan to do is to certainly -- you'd have to have a very smooth transition not only with case managers and clients themselves but also with the agency. So there's a lot of work yet left to be done, even after the money comes in the resolutions go by by way of calling together all the agencies and making sure that we

do this in the most thoughtful way possible.

COMMISSIONER BRADLEY:
Can I just add one point on to that? 0I think all things being equal, it would be preferential to keep a relationship and not change a relationship. But there were many other issues that had to be considered and factored in with the ultimate goal that we want to maximize the services that are provided. So I think, yes, it's an issue and it's an issue that we thought about, but there are other ways to continue the services with a transition.

LEG. FOLEY:
Thank you.

CHAIRPERSON FIELDS:
Okay, thank you. We have Laura Cassell, Denis Demers, Kate Bishop -- but I don't want you to leave, I want you to be able to be there.

MR. MACGILVRAY:
We're not going anywhere.

CHAIRPERSON FIELDS:
Okay. Kate Bishop and Sister Brigid, Brian Nichols, Peg Orowitz and Edwin Kennedy I think.

MS. CASSELL:
Thank you, Legislator Fields. We do have quite a representation from Catholic Charities here this morning. I'm just going to take a moment to introduce a few of the people that are up here and if necessary we'll enlist others who are available.

I'm Laura Cassell, I'm Executive Director of Catholic Charities. To my left is Reverend David Nelson, he's Chief Ministries Officer; Kate Bishop who is with our Case Management Program, along with Denis Demers, the Administrator for that program, and Ed Kennedy, the Director of Finance. To my right is Board Member F.J. McCarthy; Chief Program Officer, Paul Engelhart; and Sister Brigid Penny who I don't think needs any further introduction after our testimony at the last meeting.

I want to begin by saying that we're not here to question the commitment or the contributions of our colleagues in the field, we respect them and believe that they respect the work of Catholic Charities. A good plan should not attempt to pit provider against provider. The division has presented what appears to be a convincing rationale for their proposed plan. They've shared with you some serious concerns about the delivery of case management services in our County, staff turnover, vacancies, productivity, revenue shortfalls. Given their criticisms and characterization of Catholic Charities as the worst offender, it might at first appear that they're justified in their plan to scale back the services that we provide. One might consider accepting this conclusion if you accept the fundamental premise on which it is based and that is that all providers are operating on a level playing field, and as you've already established here this morning, this is not the case and that premise is faulty.

We stand ready today to respond at whatever length is necessary to deal with the specific allegations that have been made. I want to begin by taking some time to deal with the incomplete picture. As you've already referred to, everybody received what I circulated that

shows the dramatic inequity in funding to our agency. The analysis of what is happening among providers must be viewed in this larger context of Catholic Charities as the largest provider with by far the lowest reimbursement. And for example, assuming that the vacancy statistics are accurate, in absolute terms the vacancies noted in the division's analysis are alarming, we've been concerned ourselves about our experience with vacancies. However, these numbers are viewed in relationship to the total case managers in each program, you see a truly comparable vacancy rate that's somewhat less dramatic and worrisome. It only stands to reason that the bigger the program the higher the numbers of hires, terminations and correspondingly vacancies.

Furthermore, Catholic Charities' vacancy rates reflect the transition of the East End Maryhaven Program that was effective April st, 2000. It is important to note that there delays in shifting this contract over to our agency, and this resulted in the loss of almost all the staff in that program. This negative experience distorts our agency's overall vacancy rate for the year. Finally, when this is viewed against the backdrop of the funding shortfall to our agency, the indictment of Catholic Charities is unfair and unwarranted.

Similarly, productivity and revenue concerns cannot be view in isolation. Recruitment and retention problems give rise to staff turnover and staff turnover directly impacts productivity and revenue. The division's plan to concentrate Catholic Charities' services in Eastern Suffolk would further exacerbate the unique challenges that we already face. Given the funding inequity and more geographically disbursed service area that Catholic Charities is responsible for, it is clear that the playing field is not level. Failure to understand this would lead you to the division's conclusion that Catholic Charities' services should be reduced and the agency displaced from its historic presence in Bay Shore or Medford. However, understanding the division's concerns in the proper context would lead you to a very different conclusion, that instead of being criticized Catholic Charities should be recognize for over 20 years of faithful service to this vulnerable population, dignified service provided in spite of inequitable reimbursement, competent service augmented by over three-quarters of a million dollars in subsidy for the case management program and a total commitment to mental health services of more than two million in the past six years. We ascribe no particular ill motive to the division and the development of their plan and we regret any adversarial ton that may exist.

We believe, however, that the division cares about serving the mentally ill as much as we do. We also believe that they have misdiagnosed the problem and prescribed the wrong remedy; the results are detrimental to people in need. So let's not allow the systems camouflage the deeper problem. It's past time to remedy the inadequate funding of services and make wise distribution about the -- wise decisions about the distribution of those funds.

I just want to add to that that the distribution of those funds, every agency that testified here today, they're all receiving that new initiative money. We're delighted that that new initiative money is coming down from New York State. In fact, Catholic Charities was one of the most instrumental agencies that worked together to get that new initiative funding to the County. We did not expect to get additional slots, we clearly recognize that we're the largest provider of case management services, and we fully expected that that new initiative

money was going to be distributed to others. However, we were very shocked when we were further reduced in capacity and told that we were being asked to move out of our core presence in either Bay Shore or Medford. And it doesn't address the problem, it leaves us still with many positions that are inadequately funded and it puts us in a territory that gives us even more problems and challenges with regard to productivity and revenue.

I want to, at this time, ask our board member F.J. McCarthy to share with you their perspective because obviously when I'm here I'm representing the board and the positions of the board of the agency.

MR. McCARTHY:
Good morning. My name is F.J. McCarthy, I am a resident of Bay Shore and a member of the Executive Committee of Catholic Charities' Board of Trustees. I am here to express the outrage and dismay of the entire board at the recent developments affecting our Supportive Case Management Program and the inexplicable short time frame associated with these developments.

There has been extensive Catholic Charities' board review of the issues associated with this program. We are aware of the repeated attempts in recent years by our management team to address the uniquely under funded status of this program. We are also aware of the lack of the division's response to this legitimate concern. And we do not consider the proposed restructuring plan to be an effective response for clients or Catholic Charities. In light of this insufficient response, we are further outraged by the criticisms being leveled at our agency. After 23 years of quality supportive case management services, we are suspicious of the criticisms that were only recently raised and only formally raised after we challenged the proposed plan.

The historic funding inequities among providers further concern the board. As a businessperson, I know the relation between salary and productivity. High productivity is not achievable with low salaries; it is not achievable in business, it is not achievable in government, and it is not achievable in Catholic Charities, even with our demonstrated ability to work miracles with limited resources. Non competitive salaries generally or eventually result in less qualified staff, longer unfilled positions and high staff turnover, especially in this tight job market. For more than 40 years the Catholic Church has been a faithful partner with Suffolk County Government in caring for people with mental illness. This has been accomplished through great financial sacrifices on the part of the church and the staff of Catholic Charities. The proposed plan is no way to acknowledge our support or support this commitment; in fact, it demeans and discounts that very historical commitment.

The board is greatly disturbed that to date all attempts to develop a realistic compromise to the proposed plan have been initiated only by our management team. Over the years, thousands of individuals and families in Suffolk County have received care with dignity and life with hope due to the efforts of Catholic Charities. The board of Catholic Charities calls on the Suffolk County Legislature to act and ensure that our level of collaboration is matched by the County. I ask you to take steps today to see to it that the final plan retains Catholic Charities' core presence in its Medford and Bay Shore catchment areas and addresses the funding inequity. I thank you for your time.

MS. CASSELL:
Chairperson Fields, I would also like to have Paul Englehart, our Chief Program Officer, comment a bit on the process, there were some questions about the process. And I want to say in general terms that our agency would have welcomed the opportunity to engage with the County on the details that were presented to today. This is the first time that we've heard the details that were shared with you. I don't think that speaks well as to involvement in the plan. I know we've heard a lot of testimony about involvement and the process, but the reality is the division's surprise at our reaction to finding out that we were being reduced in capacity underscores the failure to communicate and appropriately involve our agency in that process. So Paul, I would like you to comment on that.

MR. ENGELHART:
I just want to reiterate that it was nine days notice that we received after 23 years of experience and quality service provision that a dramatic change was being presented to us and criticisms only were raised to us at that point, never before in any formal way. I think it's important to know, too, that the State Office of Mental Health as recently as last week expressed their concern that the proposed plan as it affects the clients served, currently served by Catholic Charities, are not being given an adequate transition. They're talking about a much more lengthy time to allow for -- if there is a transition of those clients, clearly the current plan does not allow for an appropriate level of time for those clients to engage with another agency.

I think it's also important in terms of talking about the State relationship, less than a month ago I was in a meeting with Commissioner James Stone who is the Director of Mental Health for the State and he expressed to us his frustration as the Commissioner of Mental Health of his inability to address the funding inequities that exist and the low salaries in the field. He encouraged the representatives of those meetings to go back to their State representatives to advocate for additional funding because he himself felt that there was nothing that he could do about it.

The third point I just wanted to make was it's been presented in a number of instances that no provider suffered any kind of financial deficit in 1999. In fact, I have a letter which I will make present to the committee from Maryhaven, the prior provider of services on the east end, which says categorically that they were running a deficit out there for a year, that they were looking at another deficit in the upcoming year and that was the reason why they made the decision to leave that program and that they made the division aware of that. I don't think we want to go into challenging all the points that have been presented, but I think it is important that you do see this documentation. Thank you.

MS. CASSELL:
Chairperson Fields, I just want to summarize some of what's been said so far and reassure you that all of us in the field and all of us here representing Catholic Charities want quality care. We share the concerns about the impact of staff turnover and vacancies and we want the opportunity to address those issues, but I would suggest that there's a third way perhaps of doing it than just what's on the floor. And we're really looking for your leadership in assisting us to open that conversation and talk about some other alternatives that perhaps

have not been contemplated up to this point.

CHAIRPERSON FIELDS:
Do you have anyone else that wants to speak.

MR. DEMERS:
I would like to comment just a little bit on the process that has been --

CHAIRPERSON FIELDS:
Can you just give your name for the stenographer, please?

MR. DEMERS:
I beg your pardon. My name is Denis Demers, I'm Administrator of Mental Health Outpatient Services for Catholic Charities which includes our Case Management Services. I have also been heavily involved in issues relating to case management at the State level as the founding President of the New York State Case Management Coalition. I also sit on the Board of National Association of Case Management, these are issues very close to my heart.

The meeting that was mentioned by Director MacGilvary of September 21st was attended by a representative from f our agency, Mr. Engelhart. Following that, we did could correspond indicating our support for the expansion of case management services and our willingness to collaborate with them with the division and developing the plans for the future; no further word was heard, at least within our agency. And then in November, mid November, I spoke with an Executive Director of a sister agency, Pederson-Krag, Ms. Anita Fleishman, we together initiated our request to meet with the division which occurred. Mr. MacGilvary was very gracious, we met with him and his key staff, Dr. Segal, Ms. Thurman and the Supervisor of the Case Management Unit, Alberta Powell.

The meeting was very cordial, we were given information about the generalities of the plan the County had and were led to believe that we would be the recipients of more richly funded positions to assist in our funding dilemma; both Ms. Fleishman and I expressed concerns around the funding issues. However, there was no mention of the intent on the part of the division to cut back our services nor of redistricting our service area; no further word was heard.

In December, after hearing from other sister agencies that they were being requested to submit budgets around case management servicing and expansion of case management services, I grew concerned that we were not getting any requests for input of that nature. And it was also a concern that we were approaching the beginning of 2001, the year when this plan needed to be implemented, and knowing that we needed to be able to plan ahead to do this effectively and smoothly, I initiated a call to Dr. Segal as the key planner in the system requesting any information about what would be the outcome of the plan development for Catholic Charities; his response was no comment. I then placed a call to Ms. Irene Thurman, the Acting Deputy Director of the division, at Dr. Segal's recommendation, when we did finally touch base again the reply was no comment. I placed a call to Director MacGilvray, there was no reply to that call. It wasn't until January 9th, nine days before the announcement of the full plan to all agencies on January 8th, that I did get a call from Dr. Segal explaining what the division had in mind for Catholic Charities. That was the extent of our involvement in the planning process with the new initiatives funding.

MS. CASSELL:
Sister Brigid?

SISTER BRIGID:
Good morning. Chairlady Fields and Members of the Committee, thank you for the opportunity of expressing my concerns regarding the replacement of Catholic Charities in the provision of supportive case management to seriously mentally ill people living in the Township of Islip.

I am Dominican Sister of Hope and a Registered Nurse with a speciality in public health nursing. In 1975 I returned to my home town in Bay Shore to care for my sick brother; this was a time when the impact of discharging thousands of residents from Pilgrim and Central Islip Psychiatric Centers was becoming increasingly evident in the communities in Suffolk County. During my stay with my brother, I could see firsthand the conditions of Main Street in Bay Shore. I could hear unpleasant remarks about the influx of former psychiatric patients from the State Institution. I wanted to know more about this grave situation. After my brother's death, I recall the words of our General Chapter, "Listen to the cries of the poor". I knew many former patients were housed at the Baybright Hotel which by then had become a rundown room and board SRO. I could see them wandering aimlessly along Main Street, so I visited Catholic Charities inquiring if any of their staff were involved at the Baybright; fortunately Catholic Charities was involved. A social worker, Pat Market, was serving individuals living there, I asked to accompany her. Conditions were abominable. People were poorly clad, no dignity was afforded them by the management.

For the next 14 years, I worked as one of the first Mental Health Case Managers in Suffolk Count as part of Catholic Charities' mission to provide care with dignity, life with hope. Now retired, I am still very much involved, providing transportation and support to Catholic Charities' Case Management clients needing the help of a caring escort. Like the Dominican Sisters, Catholic Charities is a mission driven by a community of devoted professionals. They have demonstrated time and again their readiness to respond to the cries of the poor. The mentally ill of Bay shore and Islip Township has been well served by these committed and caring case managers with whom I have had the privilege to serve. Please do not allow their unnecessary removal to take place. Thank you for your time and consideration.

CHAIRPERSON FIELDS:
Sister Brigid, t I grew up in Bay Shore and I remember the Baybright Hotel, and abominable is not even a good word to describe what was going on in that hotel. And it did eventually get cleaned up and if you were the pioneer there, I thank you for that. Laura, do you have someone else that wishes --

MS. BISHOP:
Good morning. I am Kate Bishop, Program Coordinator of Catholic Charities' Supportive Case Management and Supportive Housing Case Management --

CHAIRPERSON FIELDS:
Can you just put the microphone a little closer to you?

MS. BISHOP:

Sorry. Supported Housing Case Management Services currently serving the Towns of Islip, Brookhaven and the East End. I have lived in New York for over 20 years and moved to Long Island in 1984. I am also a family member having had a mother and a brother who both struggled with mental illness and a dependency of substances. My brother was killed by a truck in 1979 with a driver's perception that he deliberately ran in front of it. My mother died in 1984 at the age of 52 from alcohol related liver failure. I share these tragedies with you so you can better understand my commitment to assisting people with mental illness and substance dependency.

I have worked with Catholic Charities for over eleven years starting as supervisor of our Bay Shore CSS Case Management Services. During this time I have been very fortunate to be a part of this agency's commitment to serving the mentally and marginalized on Long Island. We believe strongly in the dignity of each person and that all human beings deserve to be respected for who they are and what they have to offer to our community. We have consistently received over the years very positive County and site reviews and audits; in fact, our last one completed in November of 2000 was one of the best ones ever reflecting the care and effective services we provide. The reviews showed that we are in compliance of SCM/OMH guidelines and requirements.

I sincerely hope that we can develop a collaborative relationship with the division for the sake of keeping those we serve at highest priority. Thank you.

MS. CASSELL:
I think that wraps up the representation from Charities that is going to speak at this time, Chairperson Fields. I just want to say that despite the urgency that was expressed by the division and the rapid fire pace with which the details of this plan have unfolded, I think that this deserves time; time to think through a little bit more, to make a plan, a better plan, a plan that recognize the worthy goals that we share and is a good plan that serves the interests of all, most especially the clients but also the division, Catholic Charities and all providers. We are asking you to direct the conversation and the negotiation of the details of that new plan.

CHAIRPERSON FIELDS:
Thank you. Are there any questions?

LEG. FOLEY:
Thank you, Madam Chair. To Mr. Englehart, if I may. You spoke of your discussions with the Commissioner of Mental Health Services --

MR. ENGELHART:
Yes, James Stone.

LEG. FOLEY:
-- on the State level and it seems as though whatever level of government you go, there are different kinds of restraints that commissioners find themselves, whether it's locally or up to the State or secretaries at the Federal level. But I think I need to say this on the record. The fact of the matter is if the Commissioner of one of the major departments in the State is expressing great frustration about funding, and as has happened so often at this level where whoever the Commissioner may be that they ask the Legislators to resolve it, well, there's a very important step in-between -- and I know with your dealings with the Commissioners, we all have to be

respectful and so forth -- but the Commissioner needed to be reminded directly but respectfully that there's something called a budget prepared by the Governor. And the budget -- let me finish. And the budget is prepared by the Office, by the Budget Office of the Governor's Office.

So I know, as we all do, and this is part of our job and we realize it and we welcome it, where on a local level we amend budgets, we change budgets, but if you could just amplify on what the Commissioner said. Because I think the root of the issue here, the way that I've been able just to listen to what's been said, and I think there's been no ill motivation on anyone's part. I have the highest respect, and I'll say it on the record, for Mr. MacGilvray, I have the highest respect for Charities and I have the highest respect for all the different agencies that were here today, but it appears to me that the root issue is the inequity in the rates that you receive from the Feds -- from the State that was negotiated back in the late 70's. So if you could just tell us, share with us what other --

MR. ENGELHART:
Sure. Just to clarify, the point I made about the Legislators, he was referring to our State representatives.

LEG. FOLEY:
No, I know that, I understand that. The point I was trying to raise is that -- and I don't know how long ago you met with him because the fact of the matter is, and many don't realize this, that after the Governor proposes his budget, under the State Constitution he has another month to amend his own budget, where he doesn't have to be the State Legislators to amend it. He himself, her herself, whoever the Governor may be, can amend that particular budget for a month after it's been proposed. So dealing with the fact that there's a two to $3 billion budget surplus this year, and I know that there are a lot of different service, human service organizations that would like a piece of that surplus -- especially I know the educational field, whether it's primary, secondary or higher education -- the fact of the matter is this is another area, health services, mental health services, and the gauntlet has to be laid down, the challenge has to be laid down, that yes, the State Legislature has to address this. But the fact of the matter is the Governor had the opportunity through his proposed budget and a month thereafter also to make changes.

So while the month has gone by for the upcoming budget, I would just submit to you or suggest to you that particularly next year that when the Governor submits his budget that there be equal lobbying of the governor as there is with the Legislature to make certain changes. But that doesn't help us right now. I think where we need to go with this, madam chair, and it was said by both Charities as well as by the Director of Mental Health Service, there will be I'm sure upcoming meetings in the Commissioner's office and I think both the agencies involved, those on this committee who wish to attend, I think we all need to sit down in a large room to see what third way or fourth way or fifth way, what way can be developed if you will that meets the needs of all concerned. But I am struck by the point and I think it is the departure point and it's a point well made by Director MacGilvray which is the first order of business isn't so much which agency or which department or which contractor does the job, the first issue are the clients involved and I think that's the standpoint that Charities is coming from and that's the standpoint that the department is starting from. So with that common thread, I would think there must be a way in which the common concerns can be met so that all could

move forward to help those who everyone professionally has been helping all these years.

So I would suggest, Madam Chair, that after today's committee meeting that there will be subsequent meetings in the department. Certainly I as one member of the committee and I'm sure others may also want to attend those meetings to see what can be developed to address these concerns that have been raised the last few meetings.

MR. ENGELHART:
And just to respond to the question that you did raise to me.

LEG. FOLEY:
Right.

MR. ENGELHART:
When Laura Cassell and I met with Dr. Bradley and Mr. MacGilvray, we started our meeting by asking if there was anything that the County would join us in in terms of advocacy with the State. Obviously individual agencies do not have the same strength then if they go represented by the County and at that time there was no commitment on the part of the division or the Department of Health to join with us in that action.

MS. CASSELL:
Legislator Foley, I appreciate your point as well in terms of making overtures to the State with regard to their role in addressing the funding inequity. I do want to say I think sometimes we're a bit short-sighted and we focus on -- we've talked today about some of the operating deficits in a very critical way of Catholic Charities, but when there is inadequate funding and there is an operating deficit, that's real. That shouldn't be a criticism that an agency receives, it should be a partnership where we stand together and we approach the State; that's what we've been looking for for several years to address in this contract. And I think some of the other areas, again, the details that were shared with the committee today, it's the first time we're seeing that. I mean, you need to come together and understand what you're looking at together and clarify things that are perhaps not accurate or misrepresented or just plain misunderstood, because you're not comparing apples to apples.

LEG. FOLEY:
I think -- just to end with this, Madam Chair. I think the results of this committee, and it's one of the reasons why we take pride in the committee system, is that there's been a full -- to this point, I think a reasonably full airing of the issues involved. Now it's time for those who have direct responsibility, principally administrative responsibility but also we, within our oversight capacity, need to go to the next step or next stage if you will. There's been a full airing, thereafter, hereafter there will be some other meetings in the department I think with all of us concerned so that we can try to resolve this as best we can with the handicaps that we all work under, particularly where the State budget works.

CHAIRPERSON FIELDS:
Okay. Thank you very much.
MS. CASSELL:
Thank you.

CHAIRPERSON FIELDS:

I think we'll move on with the agenda.

Tabled Resolutions

IR 1749-00 (P) - Establishing Safe Haven Policy for the Blind (D'Andre). I make a motion to table.

LEG. POSTAL:
Second.

CHAIRPERSON FIELDS:
Second by Legislator Postal. All in favor? Opposed? Tabled (VOTE: 3-0-0-1 Not Present: Legislator Haley).

IR 1109-01 (P) - Adopting Local Law No. 2001, a Local Law to change chairmanship of Community Advisory Committee for use of pesticides on Suffolk County properties (Bishop). I'll make a motion to approve. All in favor? Opposed? Approved (VOTE: 3-0-0-1 Not Present: Legislator Haley).

Introductory Resolutions

IR 1121-01 (P) - Directing the County Department of Public Works to educate the public as to health effects of pesticide application (Caracciolo). Counsel, could we just have a little overview on that one?

MR. SABATINO:
This is a bill to amend the Vector Control Plan that was recently adopted by including a program to be instituted by Public Works to educate the public as to the health effects of pesticides. I think it was one of the recommendations that came out during -- from some of the groups that testified before this committee back in January.

LEG. FOLEY:
Has there been any response from the Public Works department, do we know, Madam Chair, on this at all?

CHAIRPERSON FIELDS:
I have not heard anything at all. I'll make a motion to approve. In fact --

LEG. POSTAL:
I would second that but, you know, I really would like also to see if we could contact Public Works and get some kind of comment from them prior to Tuesday's meeting?

LEG. FOLEY:
Okay.
CHAIRPERSON FIELDS:
Okay, good. Thank you. All in favor? Opposed? Approved (VOTE: 3-0-0-1 Not Present: Legislator Haley).

IR 1135-01 - Amending the 2001 Operating Budget and appropriating funds to implement Osteoporosis Testing Program in Suffolk County (Postal). Could we ask Dr. Bradley to respond to this, please? I know that we're not prime here but two of the sponsors of this bill would like to have a little information from you.

COMMISSIONER BRADLEY:

Okay. The department has capital budget requests in for some osteoporosis screening devices, mainly for the use within the health centers for the patients that are seen in the health centers. The concern I have about this resolution is the placing of the equipment on the mammography van. And right now, and I did speak to Legislator Fields about this, if you knew how the mammography worked, that a woman went in -- and sometimes we do men, either it's the first appointment or the last appointment -- but a woman will go in and give us some demographic information and see a film on self-breast examination, that takes about ten minutes. Then show she goes into the second section where she has her screening mammography, and then at the end she is seen by a nurse and she has a breast exam and then she leaves. So to do osteoporosis screening on a van would decrease the number of screenings that we do.

Another major difference between osteoporosis screening and breast cancer screening is that there are well established guidelines on who should have a mammography screening. Once you hit the age of 40, every woman should on a regular basis have a mammography, osteoporosis screening is not as set as that. There are women who are at high risk and really you need a referral from a primary care provider to come in and have osteoporosis screening. It's not, "Oh, you're at that magic age, you need to start having it," there are many factors, family history, whether you smoke, whether you exercise, a whole bunch of factors. There are also many men that need osteoporosis screening. And with the way the van is, being that 99.9% of those people screened are women, I can't imagine how it would work on the mammography van. So doing osteoporosis screening in the appropriate setting I think is a good idea, trying to do it on the mammography van is not workable in my mind.

LEG. POSTAL:
Dr. Bradley, are we talking about space not workable or other considerations?

COMMISSIONER BRADLEY:
Space is one reason. The other thing is just doing community screenings for osteoporosis is more difficult. Like when we do blood pressure screening or let's say tuberculosis screening or mammography screening, those are screenings that are recommended for large groups of people. Osteoporosis, there are no established guidelines on groups of people that should have osteo -- and it's different than prostate cancer. Men at a certain age should have prostate cancer, this is a little different.

LEG. POSTAL:
But especially because there are no guidelines. You know, I'm looking at some of the cases, obviously I'm looking at this very personally. You know, there was a time when I had no risk factors, you know, I was not -- I hadn't smoked for eight and a half years, I have been an exerciser, a jogger for at that point probably 20 years, didn't know I had a family history because my mother nor my aunt was old enough to start showing obvious symptoms and yet I have osteoporosis, I had osteoporosis, unfortunately I wasn't diagnosed. And as a matter of fact, no reflection on my physician, but until I suggested to my physician that I thought that I had osteoporosis and was suffering a bone density loss, I was not sent for a bone density scan. There was a woman who attended our press conference who's African-American who, again, she initiated being screened and when she was diagnosed with Osteopenia her doctor was stunned because she is African-American and she had none of the risk factors.

So I think our concern is to make screening available and make it easily available and accessible so that we can find and identify those individuals who should then go to their physicians and say, you know, is there an indication, should I be going for follow up diagnosis and testing? So, you know, that's kind of what we're looking at and we're looking at the simplicity of that kind of equipment, the brevity of a screening. I mean, it doesn't take longer -- we did it -- three minutes?

CHAIRPERSON FIELDS:
Three minutes.

LEG. POSTAL:
With the printout. So we're really looking at trying to make this as accessible and as convenient as possible so that we can identify primarily women who either are at risk or have the beginnings of measurable bone density loss so that they can pursue it. And if it's a space consideration we can understand that, maybe there needs to be some modification. If it's that there's not a physician referral or an indication of risk, I think the screening is precisely for that reason, that there's not a physician referral and we don't know that there's an indication of risk.

CHAIRPERSON FIELDS:
Can I --

COMMISSIONER BRADLEY:
I think it might be more appropriate to start with an assessment without an actual x-ray or a sonography of a woman, and do assessments on women and saying, "You know, you may be at risk for osteoporosis screening." There's no recommendation that every woman should go for osteoporosis screening, there's no magic age. So trying to put that on the mammography van where we have a clerical person, a radiological tech and a nurse doesn't seem appropriate. I think it might be appropriate to do kind of what we do with prostate cancer, is sponsor some osteoporosis screening events. And if the assessment is yes, this woman may be at risk, then try to provide that either at a health center or at a community site. I believe that these will be portable machines and we could take them from place to plan. Now, there are two type of screening instruments, one is an ultrasound and one is an x-ray. The ultrasound equipment has a lot of false positives and a lot of false negatives associated with it. The gold standard for osteoporosis screening is of the hip which in no way could be done on the mammography van.

CHAIRPERSON FIELDS:
Okay. Well --

COMMISSIONER BRADLEY:
There's a lot of issues that have to be --

CHAIRPERSON FIELDS:
Probably if I could have gotten the company here today for your demonstration, and maybe that's what I'm going to ask that that happen. Having worked in the medical field, I am very aware of proactive and preventative medicine. And what I have found through all of the years that I have worked is that this is exactly the kind of medicine that's not preventative if you're not going to offer it to people, because what ends up happening is someone like Legislator

Postal doesn't know they have osteoporosis, they suddenly slide on the ice one day and break a hip and then the statistics are one in five people that have a broken hip die within a year and we see those numbers. This is a disease that's a silent disease, you don't know you have osteoporosis generally, many times till it's too late. There are ways if it could be done in a screening mechanism where women mostly, predominantly women, will have the availability of hormonal treatment or there are medications now that can increase density. There are a lot of -- I think that maybe we need to be pioneers in this. I think that there is a problem and I see it and have seen it in the medical field of most of the women. And I feel very strongly about this machine having worked with it in the past, having provided a demonstration, all of the ladies -- we brought into this building, there probably were 30 or --

LEG. POSTAL:
We had a bunch of men, too.

CHAIRPERSON FIELDS:
Yeah, people, and I think there were some surprising results, both positive and negative of women that had no idea that they would even be at risk. It is a three minute test that doesn't require any clothing be removed. The machine is about the size of a large printer, it's not large at all, and it would take very little time.

COMMISSIONER BRADLEY:
What body part is imaged with that machine that you saw?

CHAIRPERSON FIELDS:
The hand which is in correlation to your hip.

COMMISSIONER BRADLEY:
No, no. All of the research that we have says that the gold standard is the hip, that there is not a good correlation between what you will see when you look at the -- was it the wrist or the finger?
LEG. POSTAL:
Finger.

COMMISSIONER BRADLEY:
Between the finger and the hip, that often --

CHAIRPERSON FIELDS:
We have other -- okay. So let's --

COMMISSIONER BRADLEY:
I mean, you had --

CHAIRPERSON FIELDS:
We're going to do a demonstration with you and we'll have --

COMMISSIONER BRADLEY:
I think in addition to the demonstration we need to have the research.

CHAIRPERSON FIELDS:
That's what I mean.

COMMISSIONER BRADLEY:
Right.

CHAIRPERSON FIELDS:

I'm going to provide you with all of that.

LEG. POSTAL:
Why don't we -- I'll make a motion to table this until the next meeting.

CHAIRPERSON FIELDS:
Okay.

LEG. POSTAL:
And if we could have information on that and an example of a screening device, machine available, I think that it would help us.

COMMISSIONER BRADLEY:
Sure.

CHAIRPERSON FIELDS:
Okay. Motion to table by Legislator Postal, second by Legislator Fields. All in favor? Opposed? Tabled (VOTE: 3-0-0-1 Not Present: Legislator Haley).

IR 1166-01 (P)- Accepting and appropriating additional 100% grant funds from the New York State Office of Mental Health to the Department of Health Services, Division of Community Mental Hygiene Services, to enhance the Transition Management Medication Management Program (county Executive).

LEG. POSTAL:
Madam Chair, I'd like to make a motion to approve and place on the consent calendar IR 1166, 1167, 1168, 1169, 1170 and 1175.
LEG. FOLEY:
Second the motion.

CHAIRPERSON FIELDS:
All in favor? Opposed? Approved and placed on the consent calendar (VOTE: 3-0-0-1 Not Present: Legislator Haley).

IR 1167-01 (P)- Accepting and appropriating additional 100% grant funds from the New York State Office of Alcohol and Substance Abuse Services to the Department of Health Services, Division of Community Mental Hygiene Services, for Case Management Services for the Assessment and Monitoring Program in the Bureau of Alcohol and Substance Abuse Services (County Executive). Approved and placed on the consent calendar (VOTE: 3-0-0-1 Not Present: Legislator Haley).

IR 1168-01 (P)- Accepting and appropriating additional 100% grant funds from the New York State Office of Alcohol and Substance Abuse Services to the Department of Health Services, Division of Community Mental Hygiene Services, for two contract agencies to expand and implement new services in the Bureau of Alcohol and Substance Abuse Services (County Executive). Approved and placed on the consent calendar (VOTE: 3-0-0-1 Not Present: Legislator Haley).

IR 1169-01 (P)- Accepting and appropriating additional 100% State grant funds to the Department of Health Services, Division of Community Mental Hygiene Services, from New York State Office of Mental Health to provide support services for training and education and the local MultiCultural Advisory Committee (County Executive). Approved and placed on the consent calendar (VOTE: 3-0-0-1 Not

Present: Legislator Haley).

IR 1170-01 (P)- Accepting and appropriating additional 100% grant funds from the New York State Office of Mental Health to the Department of Health Services, Division of Community Mental Hygiene Services, for a contract agency to develop a DSS project (County Executive). Approved and placed on the consent calendar.

IR 1175-01 (P)- Accepting and appropriating additional 100% State grant funds to the Department of Health Services, Division of Community Mental Hygiene Services, from New York State Office of Mental Health for an Assisted Outpatient Treatment (AOT) Clinical Review Panel Program (County Executive). Approved and placed on the consent calendar (VOTE: 3-0-0-1 Not Present: Legislator Haley).

Did you -- you got all that, okay.

IR 1195-01 - Amending the 2001 Operating Budget and appropriating funds in portable building at Tri-Community Health Center (Postal).

LEG. POSTAL:
Motion to table.

CHAIRPERSON FIELDS:
Second the motion. All in favor?
LEG. POSTAL:
And Madam Chair, I have asked -- as I said, I have asked Sunrise Psychiatric Clinic to please be at the next Health Committee meeting with information concerning the number of clients that they see at Tri-Community. And I know that yesterday, I think it was yesterday, at the Budget Committee the Chair asked that the Health Department and Sunrise come to the next Budget Committee meeting to discuss this issue as well.

CHAIRPERSON FIELDS:
Okay. Tabled (VOTE: 3-0-0-1 Not Present: Legislator Haley).

IR 1197-01 - Adopting Local Law No. 2001, a Local Law to ban sale of mercury thermometers in Suffolk County (Cooper).

LEG. POSTAL:
Does that need a public hearing?

MR. SABATINO:
There's a public hearing, it should be tabled.

LEG. POSTAL:
Motion to table.

CHAIRPERSON FIELDS:
Second the motion. All in favor? Opposed? Tabled (VOTE: 3-0-0-1 Not Present: Legislator Haley).

IR 1205-01 - Reforming space management and practices at Coram Health Center, A/K/A Elsie Owens County Health Center at Coram, located at 3600 Route 112, Coram (Fields). Motion to approve.

LEG. FOLEY:
Second.

CHAIRPERSON FIELDS:
All in favor? Opposed? Approved (VOTE: 3-0-0-1 Not Present: Legislator Haley).

LEG. FOLEY:
On the motion, Madam Chair. Do we know what happened in Ways and Means.

MS. MARTIN:
They didn't meet.

CHAIRPERSON FIELDS:
We did not meet, the snow postponed the meeting.

LEG. FOLEY:
Could we just hear from the Commissioner about this as well, Madam Chair?

CHAIRPERSON FIELDS:
Okay.
COMMISSIONER BRADLEY:
I don't have much to add. I mean, we've had the discussions at the last two Health Committees.

LEG. FOLEY:
Was there any --

COMMISSIONER BRADLEY:
My concern is that we get out of this lease and we don't have an option. We don't have a viable option in front of us, that is my main concern.

LEG. FOLEY:
Okay.

CHAIRPERSON FIELDS:
What do you mean we don't have a viable option?

COMMISSIONER BRADLEY:
We don't have an alternative if we get out of the lease.

CHAIRPERSON FIELDS:
I got a call yesterday from a landlord who said he submitted some information and a proposal to the County, so there is something out there.

LEG. FOLEY:
Can we get a copy of that proposal, Madam Chair?

CHAIRPERSON FIELDS:
I haven't gotten a proposal, but he called me and told me that he did. Bonnie?

LEG. FOLEY:
Perhaps you should -- well.

MS. GODSMAN:
I just wanted to inform the committee that your request at the last meeting is forthcoming to you.

LEG. FOLEY:
Thank you.

CHAIRPERSON FIELDS:
Thank you. Okay, all in favor? Opposed?

LEG. FOLEY:
We already approved it.

CHAIRPERSON FIELDS:
Approved, okay.

IR 1209-01 (P) - Designating Week of May 6th as Cooley's Anemia Awareness Week. Motion to approve.
LEG. FOLEY:
Motion.

CHAIRPERSON FIELDS:
All in favor? Opposed? Approved (VOTE: 3-0-0-1 Not Present: Legislator Haley).

Introductory Sense Resolutions

Sense 12-2001 - Memorializing Sense Resolution requesting the State of New York to allow Suffolk County to enroll in PILOT Program for underinsured people (Cooper).

LEG. POSTAL:
Motion.

CHAIRPERSON FIELDS:
Motion by Legislator Postal, second by --

LEG. FOLEY:
Second.

CHAIRPERSON FIELDS:
-- Legislator Foley. All in favor? Opposed? Approved (VOTE: 3-0-0-1 Not Present: Legislator Haley).

LEG. FOLEY:
Could we just hear from the Commissioner about the PILOT Program?

COMMISSIONER BRADLEY:
This is just a program of entitling uninsured who have catastrophic illnesses to Medicaid coverage, so I have no problem with this. I don't know, I think this might be more of a Social Services issue. I don't know how realistic it is to have Suffolk County join that PILOT Program, but I would be in favor of it.

CHAIRPERSON FIELDS:
Sense 13-2001 - Memorializing Sense Resolution requesting the State of New York to adopt a State carbon monoxide alarm requirement for new buildings (Fields). I'll make the motion to approve.

LEG. FOLEY:
Second.

CHAIRPERSON FIELDS:
All in favor? Opposed? Approved (VOTE: 3-0-0-1 Not Present:

Legislator Haley).

Do you have anything to say on that one?

COMMISSIONER BRADLEY:
Yeah, I just would like to make a comment, and unfortunately, I think Catholic Charities has left. When we met with Catholic Charities and we talked about the disparity between agencies on the case management rate, we said that we had lobbied and we would send a letter saying that we thought that the State, similar to the COPS rate issue that we had with North Suffolk, is that they should relook at that; we did not say that we would not assist them. They asked if they could go to the State to ask for new money for different things would we go with them and we said if it worked with our plan that we would be happy to do that. So the comment that was made I think was inadequate that we wouldn't advocate for them at the State level. That's all.

CHAIRPERSON FIELDS:
Okay, thank you. Motion to adjourn. Okay, thank you.

(*The meeting was adjourned at 12:31 P.M.*)

Legislator Ginny Fields
Chairperson, Health Committee

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